

SIGN ME UP

Please indicate the athletic programs, classes or workshops for which you'd like to register! **Return to:** WPRD, 1001 East Cork Street, Winchester, VA 22601

Resident fee (R) only applicable to residential homes with a zip code of 22601. All other codes are considered non-resident (NR). Verification of address may be requested.

PLEASE PRINT

Adult's Name: _____

Email: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Emergency/Cell Phone: _____

PARTICIPANT'S NAME	
BIRTH DATE	
AGE	
ACTIVITY NAME & NUMBER	
ACTIVITY DATES & TIME	
CHILD'S SCHOOL	
PHOTO PERMISSION (check one)	I ___ give or ___ do not give permission to Winchester Parks & Recreation Department to take my child's photo for use only in park-related promotional material.
SHIRT SIZE (T-shirts not offered for every program & not guaranteed if register after registration deadline)	YS YM YL or AS AM AL AXL
MEDICAL CONDITIONS/SPECIAL ACCOMMODATIONS NEEDED	
INTERESTED IN COACHING?	Y N Coach's contact info:

WAIVER FOR PARTICIPANTS: I do hereby agree to allow the individual(s) named herein to participate in the aforementioned activities, and I further agree that the Winchester Parks & Recreation Department, program staff, and volunteers assume no responsibility for injuries while traveling to and from the place of play or while participating in an activity.

Participant's Signature (Parent/Guardian signature if participant is under age 18)

Date